MDPB Minutes January 19, 2000

Members present: R. Chagrasulis, E. Smith, J. Burton, P. Liebow, C. St. Pierre-Engels, M.Schorr, D. Stuchiner, S. Diaz

MEMS Staff: J. Bradshaw

Regional Coordinators: D.Carroll, J. LeBrun, T. Lonchena Guests: R.Petrie, J. Regis, S. Wardwell, B. Dunwoody

Item	Discussion	Action	Follow-up
Previous minutes: 1/19/00	None	Adopted	
Old Business	I. Education of Medical Control Providers	I. Contact other states to collate MCP	I. In next 2-3 months
I. Medical Direction	(MCP's) has been identified as a priority in	educational modules/workshops, NAEMSI	
	prev. MDPB discussions as well as by EMS	info - Jay/Chag/Burton	
	providers.		
II. Cert/Recert/Decert	II. Use of consent form as proposed to be	II. Jay to refer to new AG previously	II. After better understanding
	used with initial application for licensure by	discussed questions regarding sharing of	of legal aspects, attempt to
	EMT discussed. Before can enforce such a	CQI info, etc.	develop investigations process
	form, need process to investigate deficiency		which allows due process,
	and act appropriately. Need mechanism for		ability of info to be shared
	exchange of info from one region to anothe		from one region to another,
			and proper authority of
			Regional Medical Director to
			act under MEMS Rules/Law
	III. "Matrix" presented which summarizes		III. Next meeting
III. CQI	aspects of all regions' CQI processes:	III. Chag, Liebow, Bradshaw to each take	
	indicators, action plans, CQI guidelines,	aspects of CQI process as identified in	
	regional role, feedback, tie to relicensure,	Matrix and summarize in one simple	
	consent agreements, interaction with hospit	paragraph the essential goal/expectation of	
	CQI, forms used. OP's team needs from thi	that CQI element.	
	info minimal expectations, of services and		
	regions, of various aspects of CQI process.		
	Also to be included should be positive		
	feedback.		
W. G 17: 77: 1	IV. Clarification that access of central	W. C.	IV. as needed
IV. Central Line Training	circulation should be not be done for routin		
	access provided in central line training. QA	such access is EMT-P only. Burton to write	
	should be used to track that such access is	article for JMEMS discussing aspects of	

done appropriately. As per previous discussion, central line training represents a scope of practice issue, and this is reserved for paramedic level, not EMT-I. V. The previous program for EMT-I's on MDI to obtain EKG's with the goal of reducing door to drug time, with a QA program to ensure that transport is not delayed, etc. not to be used because the hospital no longer wishes to pursue this program. VI. Rick Petric presented info on proposed educational modules for 1) Ilb/Illa platelet inhibitors, 2) Lorazepam, 3) Antibiotics. Also discussed was that through their training, EMT-P's on interfacility transfer medications WI. 1) "Glycoprotein Ilb/Illa Antagonists" approved with the change of deleting dose, as various agents might be used. 2) "Lorazepam" approved with the change of deleting use of deleting dose, as various agents might be used. 2) "Lorazepam" approved with the change of deleting use of drips. 3) "Antibiotics" tabled for further discussid of autibiotic. New Business Letter of Resignation by Dr. Chagrasulis has submitted a letter of resignation as State EMS Medical Director effective April 1, 2000. EMT-B have expressed confusion over wh protocol changed for use of charcoal by ALS only, This was done because charcoal				
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requires ability to manage advanced airway		requires ability to manage advanced airway		
with endotracheal intubation in the event th		with endotracheal intubation in the event th		
pt. deteriorates.		pt. deteriorates.		
Other MEMS rules changes include deleting MDPB to provide list of medications to	Other	MEMS rules changes include deleting	MDPB to provide list of medications to	
MEMS Rules changes addendum to MEMS Rules regarding list of MEMS.	MEMS Rules changes	addendum to MEMS Rules regarding list of	MEMS.	
medications. This list to be provided on a		medications. This list to be provided on a		

	regular basis to MEMS so that list can be kept current with protocol changes.	
Next meeting 2/16/2000 (0930 - 1230)		
Implementation Issues		 ✓ Central line training- clarification fo EMT-P only - Chag ✓ Paramedic interfacility transfer med - refer changes to services after discussion at next meeting - Jay